

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OREGON RIGHT TO LIFE VICTORY PAC		FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Gateway Communications, Inc <input checked="" type="checkbox"/> estimated since invoice not yet received		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 11 / 2016
Mailing Address 16805 NE Mason Court		Amount 9000.00
City Portland	State OR	Zip Code 97230
Purpose of Expenditure voter calls	Category/Type	Transaction ID : WFT20164121257-1 Date of Disbursement or Obligation MM / DD / YYYY 11 / 30 / 0002
Name of Federal Candidate Willis Colm	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 40870.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Kilada David <input checked="" type="checkbox"/> DAvid Kilada was reimbursed for Facebook ads		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 11 / 2016
Mailing Address 29560 SW Volley #50		Amount 100.00
City Wilsonville	State OR	Zip Code 97070
Purpose of Expenditure social media	Category/Type	Transaction ID : WFT20164121252-1 Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2016
Name of Federal Candidate Willis Colm	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 31870.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Atteberry Gayle

[Electronically Filed]

Date

MM / DD / YYYY
05 / 12 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OREGON RIGHT TO LIFE VICTORY PAC		FEC IDENTIFICATION NUMBER ▼ C C00592303	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gateway Communications, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 11 / 2016	
Mailing Address 16805 NE Mason Court		Amount 7713.42	
City Portland	State OR	Zip Code 97230	Transaction ID : WFT2016412130-1 Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2016
Purpose of Expenditure design, printing and mailing of postcard		Category/ Type	
Name of Federal Candidate Willis Colm		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		48583.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7713.42
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	16813.42

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Atteberry Gayle

[Electronically Filed]

Date

MM / DD / YYYY
05 / 12 / 2016

Signature